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| HOTEL OPERATIONS MANAGER’s APPRAISAL OF SHIPBOARD PERSONNEL - HOTEL OFFICERS | | | | | | | | | | | | | | | | | | | | | |
|  | Page 2 of this form is available and is to be used to make further comments by the superintendent and/or the officer. If used, please tick the box at the bottom of this page. | | | | | | | | **NAME:** | | | | | |  | | | | | | |
|  |  | | | | | | | | RANK: | | | | | |  | | | | | | |
|  |  | | | | | | | | SHIP: | | | | | |  | | | | | | |
|  |  | | | | | | | | DATE SIGNED ON: | | | | | |  | | | | | | |
|  |  |  | |  | |  | | |  | | | |  | |  | | | |  | | |
| Please ✓: | | | | | Exceptional | | | Good | | | Satisfactory | | | Improvement Required | | Poor | | | | | N/A |
| 1. Compliance with Company procedures | | | | |  | | |  | | |  | | |  | |  | | | | |  |
| 1. Control and effective operation of vessel | | | | |  | | |  | | |  | | |  | |  | | | | |  |
| 1. Knowledge of passenger duties and client requirements | | | | |  | | |  | | |  | | |  | |  | | | | |  |
| 1. Commercial awareness | | | | |  | | |  | | |  | | |  | |  | | | | |  |
| 1. Standard of reporting | | | | |  | | |  | | |  | | |  | |  | | | | |  |
| 1. Adherence to budget | | | | |  | | |  | | |  | | |  | |  | | | | |  |
| 1. Working relations with ship and shore staff | | | | |  | | |  | | |  | | |  | |  | | | | |  |
| 1. Crew management and leadership skills | | | | |  | | |  | | |  | | |  | |  | | | | |  |
| 1. Planning, organization and effective delegation | | | | |  | | |  | | |  | | |  | |  | | | | |  |
| 1. Training of hotel personnel | | | | |  | | |  | | |  | | |  | |  | | | | |  |
| 1. Safety and environmental awareness   (including awareness of the Company KPIs on increased safety reporting and performance of his/ her department is within the set figures) | | | | |  | | |  | | |  | | |  | |  | | | | |  |
| 1. Cosmetic appearance public areas/upkeep hotel maintenance | | | | |  | | |  | | |  | | |  | |  | | | | |  |
| 1. Conduct including sobriety | | | | |  | | |  | | |  | | |  | |  | | | | |  |
| 1. Appearance | | | | |  | | |  | | |  | | |  | |  | | | | |  |
| 1. English Language | | | | |  | | |  | | |  | | |  | |  | | | | |  |
| 1. Suitability for this type of vessel and program | | | | |  | | |  | | |  | | |  | |  | | | | |  |
|  | | | | | | | | | | | | | | | | | | | | | |
| Has this appraisal been discussed with the Officer? Yes  No  **Overall Rating** A  B C D  If no, reason must be stated. Officers comments to be entered on Page 2 of this form. | | | | | | | | | | | | **TRAINING REQUIREMENTS \***  To be ALWAYS completed by the Hotel Operations Manager and the Officer by filling form C107C\*: | | | | | | | | | |
| Please detail areas for development: | | | | | | | | | | | |  | | | | | | | | | |
| Recommend employment: Yes  No | | |  | | | | | | |  | | **CREW DEPARTMENT** | | | | | | | | | |
| Signature of Hotel Operations Manager: | | |  | | | | | | |  | | Received by Crew Manager (Name): | | | | | | | |  | |
| Name of Hotel Operations Manager: | | |  | | | | | | |  | | Date of receipt | | | | |  | | | | |
|  | | | Signature of Officer…………………………………………………………….. | | | | | | | | |  | | | | |  | | | | |
| Date of Report: | | |  | | | | | | |  | | Date System updated: | | | | |  | | | | |
| Visit Started: | | Port: |  | | | | Date: | | |  | | IF TRAINING NEEDS HAVE BEEN IDENTIFIED ABOVE, | | | | | | | | | |
| Visit Ended: | | Port: |  | | | | Date: | | |  | | DATE NOTIFIED TM & | | | | | | SRPS | | | |
|  | |  |  | | | |  | | |  | | *(Crew manager’s signature)* | | | | | |  | | | |

**\* Form C107c “Personal Development Training” must be filled and attached to this form even if no training needs have been identified**

***See notes on Page 2***

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| HOTEL OPERATIONS MANAGER’S APPRAISAL OF SHIPBOARD PERSONNEL [cont] |
| Additional Hotel Operations Manager’s Comments |
| Appraised Officer Comments |